

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN

COVER SHEET FOR AMENDMENTS

Case Name: Kristine L Cloutier

Case No.: 13-59420

DESCRIBE INFORMATION BEING AMENDED BY CHECKING APPLICABLE BOX(ES) BELOW:

**Amendment to Petition:**

- Name  Debtor(s) Mailing Address  Alias  
 Signature  Complying with Order Directing the Filing of Official Form(s)

**Summary of Schedules**

**Statement of Financial Affairs**

**Schedules and List of Creditors:**

Schedule A

Schedule B

Schedule C

List of Creditors  Schedule D  Schedule E  Schedule F, and

Add creditor(s), provide address of creditor already on the List of Creditors, change amount or classification of debt - **\$30.00 Fee Required**, or

Change address of a creditor already on the List of Creditors - **No Fee Required**

Schedule G

Schedule H

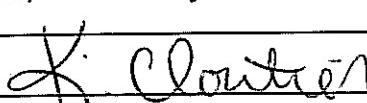
Schedule I

Schedule J

**NOTE: Use Page 2 for any corrections or additions to the List of Creditors.**

Additional Details of Amendment(s):	
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	<b>DECLARATION OF ATTORNEY:</b> I declare that the above information contained on this cover sheet may be relied upon by the Clerk of the Court as a complete and accurate summary of the information contained in the documents attached.
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Date November 23, 2015	Signature /s/ Daniela Dimovski
	<b>AFFIRMATION OF DEBTOR(S):</b> I declare under penalty of perjury that I have read this cover sheet and the attached schedules, lists, statements, etc., and that they are true and correct to the best of my knowledge, information and belief.
Date November 23, 2015	Signature /s/ Kristine L Cloutier 

**CORRECTIONS TO THE LIST OF CREDITORS**

Use this section of the form to make corrections to the name(s) and address(es) of any creditor(s) listed on the current schedules and List of Creditors.

PREVIOUS NAME/ADDRESS OF CREDITOR:

PLEASE CHANGE TO:

-NONE-

**ADDITIONS TO THE LIST OF CREDITORS**

Use this section to identify creditors added to the schedules and List of Creditors.

NAME OF CREDITOR:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

NAME OF CREDITOR:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

NAME OF CREDITOR:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

**FOR ADDITIONAL CORRECTIONS/ADDITIONS, COPY THIS SHEET AND CONTINUE.**

Fill in this information to identify your case:

Debtor 1	Kristine L Cloutier
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN	
Case number (if known)	13-59420

Check if this is:

- An amended filing  
 A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

12/13

## Official Form B 6I

### Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	RN	
Employer's name	St John Macomb	
Employer's address	12 Mile and Hoover Warren, MI 48093	

How long employed there? 13 years

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 6,027.00	\$ N/A
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ N/A
4. Calculate gross income. Add line 2 + line 3.	4. \$ 6,027.00	\$ N/A

Copy line 4 here .....

	For Debtor 1	For Debtor 2 or non-filing spouse
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4. \$ 6,027.00 \$ N/A

## 5. List all payroll deductions:

- 5a. Tax, Medicare, and Social Security deductions  
 5b. Mandatory contributions for retirement plans  
 5c. Voluntary contributions for retirement plans  
 5d. Required repayments of retirement fund loans  
 5e. Insurance  
 5f. Domestic support obligations  
 5g. Union dues  
 5h. Other deductions. Specify: \_\_\_\_\_

5a.	\$ 1,441.61	\$	N/A
5b.	\$ 0.00	\$	N/A
5c.	\$ 0.00	\$	N/A
5d.	\$ 0.00	\$	N/A
5e.	\$ 315.00	\$	N/A
5f.	\$ 0.00	\$	N/A
5g.	\$ 0.00	\$	N/A
5h.+	\$ 0.00	+ \$	N/A

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6. \$ 1,756.61 \$ N/A

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$ 4,270.39 \$ N/A

## 8. List all other income regularly received:

- 8a. Net income from rental property and from operating a business, profession, or farm  
 Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  
 8b. Interest and dividends  
 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  
 Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  
 8d. Unemployment compensation  
 8e. Social Security  
 8f. Other government assistance that you regularly receive  
 Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  
 Specify: \_\_\_\_\_  
 8g. Pension or retirement income  
 8h. Other monthly income. Specify: \_\_\_\_\_

8a.	\$ 0.00	\$	N/A
8b.	\$ 0.00	\$	N/A
8c.	\$ 745.00	\$	N/A
8d.	\$ 0.00	\$	N/A
8e.	\$ 0.00	\$	N/A

8f.	\$ 0.00	\$	N/A
8g.	\$ 0.00	\$	N/A
8h.+	\$ 0.00	+ \$	N/A

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9. \$ 745.00 \$ N/A

10. Calculate monthly income. Add line 7 + line 9.

10. \$ 5,015.39 + \$ N/A = \$ 5,015.39

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  
 Specify: \_\_\_\_\_

11. +\$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. \$ 5,015.39

Combined monthly income
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13. Do you expect an increase or decrease within the year after you file this form?

 No. Yes. Explain: \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	Kristine L Cloutier
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN
Case number (if known)	13-59420

Check if this is:

- An amended filing  
 A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

### Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
     No  
     Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?  No

Do not list Debtor 1 and Debtor 2.

Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
daughter	6	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
son	7	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?  No  
 Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,200.00

Your expenses

If not included in line 4:

- 4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues  
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	0.00
4b. \$	0.00
4c. \$	0.00
4d. \$	0.00
5. \$	0.00

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ 300.00
6b. Water, sewer, garbage collection	6b. \$ 60.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 200.00
6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 700.00
8. Childcare and children's education costs	8. \$ 650.00
9. Clothing, laundry, and dry cleaning	9. \$ 200.00
10. Personal care products and services	10. \$ 100.00
11. Medical and dental expenses	11. \$ 250.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 100.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 125.00
14. Charitable contributions and religious donations	14. \$ 0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ 0.00
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 140.00
15d. Other insurance. Specify: _____	15d. \$ 0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ 0.00
17. Installment or lease payments: 17a. Car payments for Vehicle 1	17a. \$ 325.00
17b. Car payments for Vehicle 2	17b. \$ 0.00
17c. Other. Specify: _____	17c. \$ 0.00
17d. Other. Specify: _____	17d. \$ 0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6). Specify: _____	18. \$ 0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00
21. Other: Specify: cigarettes student loan groomimg christmas birthdays misc therapy for son (karate used for cerebral palsy)	21. +\$ 200.00 +\$ 150.00 +\$ 75.00 +\$ 100.00 +\$ 125.00
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$ 5,000.00
23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22 above.	23a. \$ 5,015.39 23b. -\$ 5,000.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ 15.39
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes. Explain: _____	